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U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 66-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 499 or 440.

READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.
E OLMS DROP	
1. File Number U-	2. Fiscal Year Covered From:
	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of tabor organization.
Name Keith Juckins	Name Chicago Regional Council of Carpenters
	Labor Organization File Number 001-949:
P.O. Box, Bldg Room No., if any Buite 202	P.O. Box. Building and Room Number, if any
Street 903 N. York Road	Street 12 East Brie
City Hinsdale	Chy Chicago.
State Illinois ZIP Code + 4 60521	State Illinois ZIP.Code+4 60611
Enter appropriate data below it, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests: (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	remote the control of
Trade Name, if any: [1] Trade Name, if any: [1] Trade Name (1) Tra	The state of the s
P.O. Box, Bidg., Room No., if any	7.b. Amount
Street (1990 (1990) 1990 (
City:	The Board of Alabama and the consequence of the con
State ZIP Code + 4	
Communication of the State of Signature of the growth of the communication of the communicati	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable perialties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been exemined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Storred Kent Later	On Date Telephone Number

Form LM-30 (2003)

Page 1 of 2

Name of Person Filing Keith Jutkins	File Number U- 3395	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Whitfield & McGann	S.T.J	
Trade Name, If any:	a. Labor Organization	
P.O. Box, Bldg., Room No. if any Suite 1501	b, Trust	
Street Two North Lasalle	c. employer	
Cay Chicago		
State Illinois ZiP Code + 4 60602		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Received ham during the Holiday Season, 12/04.	
Trade Name. If any:		
P.O. Box, Bidg., Room No., if any		
Street		
City (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	11.b. Approximate dollar value of such dealing. 444 12.a. Nature of Interest held or income received.	
State ZIP Code + 4		
	12.b. Amount. (standardini) (vicaniania)	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment	
Name	« ը ու	
Trade Name, if any:	The production of the second state of the production of the produc	
P.O. Box, Bidg., Room No., If any	promiter two colds for the first state of the first desired and the colds of the first state of the first s	
Street (a) resource and a part of the control of th	14.a. Nature of payment. The state of payment of the state of the sta	
City (non-continued to the first server) not to the first server non-continued to the first server	նականական արագահայարին արա 14 արա անագահայանական անասի արա արա արա արա արա արա արա արա արա ար	
State State 2	paggap paggap besatu $(x_1, x_2, x_3, x_4, x_5, x_5, x_5, x_5, x_5, x_5, x_5, x_5$	
13.b. Is the Business an Employer or Consultant ???	14.b. Amount of payment Indiana security in the security in the security is a security in the security in the security in the security is a security in the security in the security in the security is a security in the security in the security in the security is a security in the securi	

DISCLAIMER

The transactions, dealings and interests that are detailed in the attached LM-30 Report represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended LM-30 Report.

Signature 7

Date